PRELIMINARY PUBLIC REPORT APPLICATION

RE 603B (Rev. 4/05)

				FOR DRE USE ONLY				
	GENERAL INFORMATION TYPE OF SUBDIVISION: (CHECK ONE BOX) STANDARD					FILE NUMBER		
Α.								
						AMOUNT REQUIRED		
	☐ STANDARD — MOBILE HOME					\$		
	CONDOMINIUM					AMOUNT RECEIVED		
	CONDOMINIUM CONVERSION	N				\$		
	□ STOCK COOPERATIVE					REFUND AMOUNT		
	STOCK COOPERATIVE CONV					\$	1	
	☐ LIMITED EQUITY HOUSING C	OOPERATIVE (LEHC)				AMT. TRANSFERRED	FOR LOTS	
	PLANNED DEVELOPMENT					\$		
	PLANNED DEVELOPMENT —	MOBILE HOME				FROM FILE #		
	COMMUNITY APARTMENT							
	□ OTHER:		4.	SUBDIVIDER INFO	RMATION			
_			.	SUBDIVIDER NAME				
В.	APPLICATION FOR: (CHECK ONE	= BOX)						
	ORIGINAL			ATTENTION				
	☐ ORIGINAL OVERALL (COVER	,						
	□ AMENDMENT FILE #			ADDRESS				
	☐ RENEWAL FILE#	ND LOCATION	-					
	SUBDIVISION IDENTIFICATION A	ND LOCATION		CITY				
	NAME OF SUBDIVISION							
			.	STATE		ZIP CODE		
	TRACT NUMBER							
			.	TELEPHONE NUMBER		FAX NUMBER		
	ADVERTISING NAME		_					
	STREET ADDRESS (OR NEAREST CROSS STREETS)		5.	5. SINGLE RESPONSIBLE PARTY (SRP)				
				SRP NAME				
	CITY	COUNTY		ATTENITION				
	CITY	COUNTY		ATTENTION				
	IS SUBDIVISION LOCATED WITHIN	IF YES, WHAT CITY?		ADDDECC				
	CITY LIMITS?	ii 123, WIAT GITT:		ADDRESS				
	☐ YES ☐ NO			CITY				
	IF NO, NEAREST TOWN/CITY? MILES/DIRECTION FROM TOWN/CITY?			CITY				
	iii No, Nezineor rowiyori r	WILLES, BIRCESTION TROWN TOWN YOUT .		STATE		ZIP CODE		
3.	SIZE OF THIS FILING			STATE		ZIF CODE		
	NUMBER OF RESIDENTIAL LOTS/UNITS (Do	not include common area lots)		TELEPHONE NUMBER		FAX NUMBER		
		The time day comment area rete,		TELEPHONE NUMBER		FAX NOWBER		
	LIST COMMON AREA LOT NUMBERS/LETTE	RS	.	WHEN PUBLIC REPORT	IS READY:			
		.0		☐ MAIL TO SRP	S KEADT.	☐ CALL SRP F	EOB BICK LIB	
	LOTS/UNITS TO BE	LOTS TO BE SOLD/LEASED	-	L MAIL TO SKF		LI CALL SIGN	OK FIOR OF.	
	□ SOLD □ LEASED	☐ WITH HOUSING						
		□ VACANT □ BOTH						
	NUMBER OF COMMON AREA LOTS	NUMBER OF ACRES IN THIS FILING	.					
	TOMBER OF GOIVINION AREA EOTO	(NOT SQUARE FEET)						
			- 1					

6.	0	OVERALL PROJECT PLAN						
	A.	What type of project is this application for?			SINGLE PHASE MULTIPLE PHASE			
	B.	How many lots/units (other than common are project to date?						
	C.	How many acres are in the overall project to date, including this filing?						
	D.	D. If you checked <i>multiple phase</i> above how many phases are in the project?						
		This application is for which phase? (1st, 3rd	d, etc.)					
		What is the total number of lots/units in the overall project?						
	What is the approximate completion date for the overall project?							
	List the phase and common area lot numbers/letters for each prior phase. Phase Number Common Area Lot Numbers / Letters							
7.	<u> </u>	EGAL INTEREST TO BE OFFERED						
•		Unit or Lot Fee Interest Leasehold Interest for Term Real Property Sales Contract Other (explain)		B. Common Area Interest Conveyed to Owners Asso Fractional Undivided Inter Other (explain)				
8.		IMPROVEMENTS A. Number of buildings containing residential units						
	B.	. Estimated completion date of residential units						
	C.	Estimated completion date of common area and facilities included in this filing						
	D. Describe the type of car storage (i.e., garage, carport, or open space) and number of each type to be individually owned, if any. E. Describe the type of car storage (i.e., garage, carport, open space) and number of each type to be common area, if any.							

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	 COMMON AREA IMPROVEMENTS (IF APPLICABLE) A. Indicate on the map and describe below the improvements (i.e., recreational facilities, landscaping, etc.) to common area lots that will be completed as part of this filing. 						
В	. Describe the common area lot improve completed in this development, which						
0.	LOCATION OF SUBDIVISION SALE	ES RECORDS					
	NAME OF CUSTODIAN			TELEPHONE NUMBER			
S1	REET ADDRESS (DO NOT LIST POST OFFICE BOX)		()			
Cl	TY	COUNTY	STATE	ZIP CODE			
1.	RESERVATION DEPOSIT HANDLIN	NG					
p ^r R	peposits received from persons in connectionablic report will be immediately placed introduced in the servation Instrument (RE 612) and a complete and enclose one sample copy of and the escrow holder.	o the following neutral escrow dependent of the following neutral escription of the	ository along with a c Deposit Handling A	ompleted and execut Agreement (RE 612)			
N/	ME OF ESCROW DEPOSITORY		TELEPHON	IE NUMBER			
S1	REET ADDRESS (DO NOT LIST POST OFFICE BOX)		()			
CI	TY		STATE	ZIP CODE			
	PRELIMINARY REPORT		STATE	ZIP CODE			

following certification paragraphs:

No known matters otherwise appropriate to be shown have been deleted from this report which is not a policy

of title insurance, but a report to facilitate the issuance of a policy of title insurance.

vesting must include a "date certain"; the date by which vesting must occur. The preliminary report must include the two

For the purposes of policy issuance no items (or items _____) may be eliminated on the basis of indemnity agreement or other agreement satisfactory to the company as insurer.

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13. SUBDIVISION MAP

Submit a copy of the approved tentative map or recorded map. If the tentative map itself does not show approval, submit separate (current) evidence of approval by local government.

14. NON-RESIDENT SUBDIVIDER

If subdivider is a non-resident of the State of California, submit a completed Consent to Service of Process (RE 608's) for substituted service of process upon the California Secretary of State and a certificate of qualification from the California Secretary of State, if applicant is a nonresident corporation or limited liability company.

CERTIFICATION

I declare under penalty of perjury that the representations and answers to questions in this application and in all documents submitted as a part of this application are true and complete to the best of my knowledge and belief.

SIGNATURE OF SUBDIVIDER	DATE				
»					
PRINTED NAME OF SUBDIVIDER					
NAME OF CORPORATION, LLC, PARTNERSHIP, ETC.					
SIGNATURE OF SUBDIVIDER	DATE				
»					
PRINTED NAME OF SUBDIVIDER					
NAME OF CORPORATION, LLC, PARTNERSHIP, ETC.					
SIGNATURE OF SUBDIVIDER	DATE				
»					
PRINTED NAME OF SUBDIVIDER					
NAME OF CORPORATION, LLC, PARTNERSHIP, ETC.					
EXECUTED AT: (STREET ADDRESS, CITY, COUNTY, STATE)					

Note

- If the subdivider is a corporation, limited liability company (LLC), partnership, etc., the individual(s) signing the certification must stipulate the capacity (i.e., president, manager, general partner, etc.) of the signer, and an authorization to sign (i.e., corporate resolution, LLC statement, or partnership statement) must be submitted.
- If an agent will be submitting documents to the Department of Real Estate on behalf of the subdivider, the subdivider must provide written authorization to that effect.
- Certification signed outside the State of California must be acknowledged by a notary public.

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